

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 189
Registered No. 96

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Lower Miami or Village _____
City Miami No. 50 Jefferson St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Casper Glen Palmer
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 6. Legitimate? Yes 7. Date of birth Feb 28 1929
Month Day Year

8. FATHER
Full name Glen J. Palmer
9. Residence (Usual place of abode) Miami, Ariz.
If non-resident, give place and state.

10. Color or race White
11. Age at last birthday 25 (Years)

12. Birthplace (city or place) Pima
(State or country) Arizona

13. Occupation Common laborer
Nature of industry

14. MOTHER
Full maiden name Clara Casper
15. Residence (Usual place of abode) Miami, Ariz.
If non-resident, give place and state.

16. Color or race White
17. Age at last birthday 22 (Years)

18. Birthplace (city or place) _____
(State or country) New Mexico

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 2
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2
(b) Born alive but now dead 0
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum. Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 3:55 A. m. on the date above stated.
(Born alive or stillborn)

Signature H. H. Miller
(Physician or midwife)

Given name added from a supplemental report _____
Month, day, year

Address Miami, Arizona
Filed March 5, 29 Registrar. Bo. E. Jones

379-228-339